U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/658298
Filing Date	2000-09-08
First Named Inventor	Kenneth D. Simone JR
Title	Enhancing Reliability for Communication dur
Art Unit	2451
Examiner Name	Zarni Maung
Attorney Docket Number	CREL-046

I hereby re	voke all pre	vious powers of attorne	y given in th	ie above-iden	itified applicati	on.			
A Po	wer of Attorne	y is submitted herewith.	***************************************			***************************************			
니다 Numb identii and T	er as my/our : fied above, an	appoint Practitioner(s) associated with the following Custome as my/our attorney(s) or agent(s) to prosecute the application l above, and to transact all business in the United States Pate lemark Office connected therewith:			26744				
OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:									
	Pra	ctitioner(s) Name	Registration Number						
	***************************************					***************************************			
						······································	-		
Please recognize as change the correspondence ordinary facility about 14-155 days.									
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number.									
OR					***************************************	1			
∑ The ad	······································								
Firm or	r ual Name			******			~~~~		
Address	ass regree			***************************************					
			***********************	***************************************					
City Country			***********************	State		Zip			
Yelephone				Email					
I am the:			***************************************	***************************************		***************************************			
Applica OR	int/inventor.					:			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on April 24, 2009									
				or Assignee of					
Signature Name		7	***************************************		Date	17 March 2010			
Title and Com	and the contract of the contra	Tom Bergulist hief Fjølincial Officer, Co	orei Corpora	tion	Telephone	613 728 8200			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below.									
∑ °Total c		forms are submitted.	***************************************						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.